

PHOENIX OFFICE
800 West Washington, 6th Floor
Phoenix, AZ 85007
(602) 542-1525



TUCSON OFFICE
400 West Congress
Tucson, AZ 85701
(520) 628-6345

ARIZONA REGISTRAR *of* CONTRACTORS

Janet Napolitano, Governor

Israel G. Torres, Director

VISIT OUR WEB SITE AT: www.azroc.gov
Workmanship Standards information is available on our website

**IF YOU NEED ASSISTANCE IN FILLING OUT THE APPLICATION OR IF AT ANY TIME
THROUGHOUT THE APPLICATION PROCESS YOUR LICENSE REVIEWER IS
UNAVAILABLE AND YOU NEED ASSISTANCE YOU MAY CONTACT:**

SHERRY MEEDER
602-542-1525 EXTENSION 7655
OR
888-271-9286 TOLL FREE WITHIN AZ

SPANISH SPEAKING REVIEWERS ARE ALSO AVAILABLE

**TAMBIÉN ESTÁN DISPONIBLES PERSONAS QUE HABLAN ESPAÑOL, PARA
REVISAR SU APLICACIÓN**

Be sure you have included:

- | | |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Arizona Transaction Privilege Tax Number |
| <input type="checkbox"/> Original Tests Score(s) | <input type="checkbox"/> Completed Experience Forms |
| <input type="checkbox"/> License Fees | <input type="checkbox"/> Financial Statement (for commercial & dual License only) |
| <input type="checkbox"/> Bond with proper signatures | <input type="checkbox"/> Approved Corporate Articles or LLC agreement |
| <input type="checkbox"/> All Checks payable to: Registrar of Contractors | <input type="checkbox"/> Proof of Workers' Compensation Insurance |
| <input type="checkbox"/> Recovery Fund Fee (if applying for residential or dual License) | |

RC-L-254
10-04

*** IMPORTANT MESSAGE ***

Revisions to A.R.S § 25-320 require professional and occupational licensing boards and agencies to record social security numbers on applications and renewals for sole proprietors. (Partnerships and corporations are not affected)

Social security numbers are confidential, however, state licensing boards and agencies must provide those numbers to the Department of Economic Security upon request.

Name

Social Security Number

Company name

Pending license #

This form must be submitted with your sole proprietor license application.

RC-L-223
10-04

***** IMPORTANT MESSAGE *****

In order to obtain a contractors license you must obtain and provide a tax number along with your application.

The Arizona Transaction Privilege Tax Number is obtained at:

| | | |
|---------|---|---------------------|
| Phoenix | ARIZONA DEPARTMENT OF REVENUE 1600 W. Monroe Phoenix, Arizona 85007 | Phone: 602 542-4576 |
| Tucson | ARIZONA DEPARTMENT OF REVENUE 400 W. Congress, South Building Tucson, Arizona 85701 | Phone: 800 634-6494 |

The applicant acknowledges that the Arizona Department of Revenue is authorized to release confidential information as defined in A.R.S. §42-2001 concerning any Arizona taxes which have been paid or may be due by and from the applicant or licensee during the life of this license, including but not limited to transaction privilege and use taxes, to the Arizona Registrar of Contractors for use in granting, denying or disciplining the license as a result of failure to comply with Arizona tax laws. The confidentiality provisions in A.R.S. §42-2003 are waived for the aforementioned purposes.

SMALL BUSINESS ADVOCATE

Do you need help with your contractor's license application? The Registrar of Contractors provides instructional classes to assist the small businessperson in filling out the license application. We will show you what information is required, what documentation must be obtained from other sources and where to contact some of those sources. Last, we will show you how to put all this information together in your application package. Class sizes are limited and attendees must register in advance.

If you wish to register for one of these classes please contact us at:

**Arizona Registrar of Contractors
Attention: Small Business Advocate
800 West Washington
Phoenix, Arizona 85007
602 542-1525 x7655
Toll Free within Arizona 888 271-9286**

Or by E-mail:
rocsba@azroc.gov

We must receive your request at least one week in advance. We will notify you of the time, date and location of where the class will be held.

17235 N. 75th Ave., Ste. E-175
Glendale, Arizona 85308-8692
(602) 542-1525

2222 S. Dobson Rd., Ste 101
Mesa, Arizona 85202-6483
(602) 542-1525

400 West Congress, Ste 212
Tucson, Arizona 85701-1311
(602) 542-1525



APPLICATION INSTRUCTIONS

800 W. Washington, 6th Floor
Phoenix, Arizona 85007-2940
(602) 542-1525
(888) 271-9286 TOLL FREE
(602) 542-1588 TDD

FIELD OFFICES

| | |
|------------------|--------------|
| Flagstaff | 928-526-2325 |
| Kingman | 928-753-4220 |
| Lake Havasu City | 928-855-2144 |
| Prescott | 928-445-5710 |
| Show Low | 928-537-8842 |
| Sierra Vista | 520-459-5119 |
| Yuma | 928-344-6990 |

Visit our website at:
<http://www.azroc.gov/>

Check the following as you complete your application. **Incomplete applications may result in your application being rejected.**

- ☐ 1. All testing requirements must be completed before submitting your application. Refer to the "**LICENSE CLASSIFICATION REQUIREMENTS**" form to determine the experience and testing requirements. Refer to "**CANDIDATE INFORMATION BULLETIN**" for registration and scheduling examination(s). Your original examination score report must be submitted with the license application. Copies will not be accepted. **ANY ALTERATION OF THE EXAMINATION SCORE REPORT VOIDS ALL TEST RESULTS.**
- ☐ 2. The last page of the application must be signed, by the required persons.
- ☐ 3. The **QUALIFYING PARTY** must complete the Experience Record Forms.
- ☐ 4. **All License fees and Recovery Fund fees (if applicable) must be included with the application.** (See the schedule on the reverse side for amounts.)
- ☐ 5. A license bond must be provided with the license application. The **amount of the bond** required depends upon the classification of license and your anticipated gross volume of business. Any of the following forms may be acceptable:
 - a. **Surety Bond** - form and instructions are enclosed.
 - b. ***Cash Bond** - must be a cashier's check, money order or certified check payable to the Registrar of Contractors. **Cash bonds** do not earn interest. (Do not combine the license fees and the cash bond. Submit separate checks for each.)
 - c. ***Certificate of Deposit** - request forms and instructions from us. Interest earned by a **certificate of deposit** is paid directly to the contractor by the issuer.

*A cash bond or certificate of deposit cannot be withdrawn for **two years** if replaced by another form of bond or after cancellation of the license.

- ☐ 6. In addition to a license bond, if the license classification includes residential work, you must do one of the following:
 - a. Participate in the **CONTRACTOR'S RECOVERY FUND** by paying the appropriate fee
 - OR
 - b. Post a consumer bond for \$200,000.00. Forms and instructions are available upon request.

OVER

- ☐ 7. Your Arizona Transaction Privilege Tax Number must be included with the license application. (See enclosed information for obtaining a number.)
- ☐ 8. **FEE AND BOND:** The fees listed are for 2 years pursuant to A.R.S. 32-1126, 32-1132(B) and 32-1134.01.

| COMMERCIAL CLASSIFICATIONS | LICENSE APPLICATION FEE | LICENSE BOND AMOUNTS | CONSUMER PROTECTION | |
|--|---|-----------------------------|---------------------|-------------------------|
| | | | RECOVERY FUND FEE | CONSUMER or BOND AMOUNT |
| Each A- & B- Classification | \$890.00 | \$5,000.00 to \$90,000.00 | NONE | NONE |
| Each L-Specialty Classification | \$645.00 | \$2,500.00 to \$45,000.00 | NONE | NONE |
| RESIDENTIAL CLASSIFICATIONS | Note: A Residential license fee is the total of the application fee and the consumer protection option | | | |
| Each B, B-3, B-4, B-4R, B-5, B-6, B-10 and B-5R Classification | \$445.00 | \$5,000.00 to \$15,000.00 | \$450.00 | or \$200,000.00 |
| Each C, and C'R Classification | \$320.00 | \$1,000.00 to \$7,500.00 | \$450.00 | or \$200,000.00 |
| DUAL CLASSIFICATIONS | Note: A Dual license fee is the total of the application fee and the consumer protection option | | | |
| Each KA, KB, KE & KO Classification | \$1,105.00 | \$10,000.00 to \$105,000.00 | \$450.00 | or \$200,000.00 |
| Each K-Specialty Classification | \$815.00 | \$3,500.00 to \$52,500.00 | \$450.00 | or \$200,000.00 |
| If you now hold multiple licenses and are applying for the equivalent dual license(s), refer to our statutes and rules booklet for fee information or call us at the number listed below. | | | | |

NOTE: PRIOR to submitting your application, you may reserve the name you have chosen for your company. To do this, submit a written request, which **must include your address of record and the license classification of the company** for which the name is being reserved. If the name is available, a reservation will be confirmed to you in writing and held for a maximum of 90 days from the date the request is approved. There is no charge for this service. Do not have any company documents prepared using a name until you have applied for a license and received confirmation that the application has been approved.

For further information, contact the License Department at (602) 542-1525.

| | | |
|--|--|--|
| OFFICIAL USE ONLY Receipt No. <hr/> Fees <hr/> Posted <hr/> Class <hr/> Issued <hr/> | STATE OF ARIZONA REGISTRAR OF CONTRACTORS APPLICATION FOR CONTRACTORS LICENSE COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> DUAL <input type="checkbox"/> NOTICE: Falsification of any information on this application is a felony | OFFICIAL USE ONLY |
|--|--|--|

1. NAME OF BUSINESS: _____

Application must be **PRINTED IN BLACK INK** or typewritten. Applicants should confirm the availability of any proposed contracting name with the Registrar of Contractors (Licensing Department) (602) 542-1525, or 888-271-9286, the Secretary of State (Registration Department), and if applying as a corporation or limited liability company, the Arizona Corporation Commission.

2. Place of Business: _____
Street Address, Suite, Apt #

City
State
Zip Code

3. Phone No.: _____ 4. License Classification Applying for: _____

5. Mail Address: _____
Street Address, Suite, Apt. #, P.O. Box

City
State
Zip Code

E-mail address

6. To conduct business as (Check One): Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐

7. Name of Qualifying Party: _____
First
Middle
Last Name

8. Qualifying Party is (Check one): Owner ☐ Partner ☐ Corporate Officer ☐ Member ☐ Employee ☐

The personnel listed below shall include, if an individual, the individual applying; if a partnership, all partners; if a corporation, association or other type of organization, the president, vice president, secretary, treasurer, or the equivalent of these officers, if a limited liability company all members. Also list the name, address and title of the Qualifying Party. (Arizona law prohibits a minor from being an individual owner, partner, corporate officer or member on a contractor's license.)

9.

| PERSONNEL OF APPLICANT FULL NAME (FIRST, MIDDLE, LAST) If you have no middle name - state "none" | | | TITLE: Owner; Partner; Corporate President, V.P. Secretary, Treasurer; Member; Qualifying Party | COMPLETE RESIDENTIAL ADDRESS INCLUDING CITY, STATE AND ZIP CODE | DATE OF BIRTH MONTH/DATE/YEAR |
|--|--------|------|---|--|----------------------------------|
| FIRST | MIDDLE | LAST | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

10. **ARIZONA TRANSACTION PRIVILEGE TAX NUMBER:** _____

IF NOT APPLYING AS A CORPORATION OR LIMITED LIABILITY COMPANY GO TO QUESTION 12.

11. If applying as a corporation or limited liability company, enclose a photo copy of corporate articles or limited liability company agreement showing the date stamp affixed by the ARIZONA Corporation Commission, designating your corporation file number and date approved. If your corporation is over 6 months old, a certificate of good standing from the ARIZONA Corporation Commission shall be provided in lieu of the corporate articles.

Complete (a) and (b) by listing complete names including middle name (no initials).

(a) List all corporate directors:

| First | Middle | Last | Residential Address |
|-------|--------|------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

(b) List all owners of 25% or more of the stock or beneficial interest of the corporation:

| First | Middle | Last | Residential Address | Ownership Percentage |
|-------|--------|------|---------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

12a. Has any person listed in questions 9 or 11 been convicted of a felony? YES ☐ NO ☐

12b. Has any person listed in questions 9 or 11 been cited for contracting without a license? YES ☐ NO ☐

If yes, provide the full names of all persons convicted of a felony. Please request records release forms from the Licensing Department, which must be submitted with this application. **Note:** Even though a conviction has been vacated, pardoned, expunged, dismissed or appealed, **or** your civil rights have been restored, you are required to answer "YES."

Who: _____
First Middle Last Name

Who: _____
First Middle Last Name

CANCELLATION OF LICENSE(S) UPON ISSUANCE OF NEW LICENSE(S)

13. I, We hereby request voluntary cancellation of license #(s) _____, _____, _____, _____, issued to _____

at the time that (a) new license(s) is issued to _____

(A corporate contractors license shall be cancelled upon the written request signed by the president or secretary of the corporation.)

(A limited liability company shall be cancelled upon the written request signed by a member.)

(Request to cancel a partnership license shall be signed by any partner.)

(Request to cancel a sole proprietorship shall be signed by the individual owner.)

Signature

Title

Date

14. Has any person listed in questions 9 or 11 ever been on a contractor's license issued by Arizona or any other state? YES ☐ NO ☐
Have you been on a license in Arizona or any other state that has been disciplined? YES ☐ NO ☐ If yes, complete the following:

Who: _____ Company: _____
First Middle Last Name

State: _____ License Type: _____ Status of license: _____

Type of disciplinary action (if any): _____

Who: _____ Company: _____
First Middle Last Name

State: _____ License Type: _____ Status of license: _____

Type of disciplinary action (if any): _____

If more space is needed attach separate sheet.

***** IMPORTANT MESSAGE *****

15. A.R.S. §23-902 requires that your business must have Workers' Compensation Insurance if you employ any person. Furthermore, A.R.S. §32-1122 B.1(i), states the qualifications for obtaining a new license or renewing an existing license includes: "Proof that the applicant has complied with the statutes or rules governing Workers' Compensation Insurance.

Please review the following: Check and SIGN, the status that applies OR check and **SUBMIT** the appropriate **COPY OF CERTIFICATE OR INSURANCE STATEMENT SHOWING POLICY NUMBER AND EFFECTIVE DATE**. If you do not, we will conclude that your business does not intend to comply with the law and thus your application will not be processed.

☐ Applicant will secure a "Resolution of Authorization" from the Industrial Commission of Arizona to act as a self-insurer for payment of Worker's Compensation benefits to its employees pursuant to Title 23, Chapter 6, A.R.S. §23-961.A.2. **(COPY OF CERTIFICATE MUST BE ATTACHED AND SUBMITTED ALONG WITH APPLICATION).**

☐ Applicant will comply by insuring and keeping insured for payment of such compensation with an insurance carrier authorized by the director of insurance to write Worker's Compensation Insurance in this state, pursuant to Title 23, Chapter 6, A.R.S. §23-961.A.2. **(COPY OF CERTIFICATE MUST BE ATTACHED AND SUBMITTED ALONG WITH APPLICATION).**

☐ Applicant is not presently engaged with work in Arizona, but does agree to comply with Worker's Compensation mandate when work is secured.

Signature X _____

☐ Applicant may employ workers who elect to reject the provisions of the statutes or rules governing Workers' Compensation Insurance and will maintain, in their records, a notice in writing that is signed and dated pursuant to Title 23, Chapter 6, A.R.S. §23-906.A.

Signature X _____

☐ Applicant is self employed and will not employ workers and therefore is exempt from the statutes or rules governing Workers' Compensation.

Signature X _____

**THIS DOCUMENT AVAILABLE IN ALTERNATIVE FORMATS BY CALLING
(602) 542-1525; TDD (602) 542-1588
PURSUANT TO THE AMERICANS WITH DISABILITIES ACT.**

VERIFICATION

I (WE) THE UNDERSIGNED HEREBY APPLY FOR A CONTRACTOR'S LICENSE AND VERIFY UNDER PENALTY OF LAW THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF.

INSTRUCTIONS FOR SIGNING

AN APPLICATION FOR AN INDIVIDUAL OWNER must be signed by the Owner and by the Qualifying Party if the Owner elects not to qualify himself.

| | | |
|-------------------|-------------------------------|------|
| INDIVIDUAL | Signature of Owner | Date |
| | Signature of Qualifying Party | Date |

A PARTNERSHIP APPLICATION must be signed by EACH member of the partnership and by the Qualifying Party if the Qualifying Party is not a member of the partnership.

| | | |
|--------------------|-------------------------------|------|
| PARTNERSHIP | Signature of Partner | Date |
| | Signature of Partner | Date |
| | Signature of Partner | Date |
| | Signature of Qualifying Party | Date |

A CORPORATE APPLICATION must be signed by the PRESIDENT and SECRETARY and by the Qualifying Party if the Qualifying Party is not the President or Secretary.

| | | |
|--------------------|-------------------------------|------|
| CORPORATION | Signature of President | Date |
| | Signature of Qualifying Party | |

A LIMITED LIABILITY COMPANY APPLICATION must be signed by all MEMBERS of the company and by the Qualifying Party if the Qualifying Party is not a member of the company.

| | | |
|--|-------------------------------|------|
| LIMITED LIABILITY COMPANY | Signature of Member | Date |
| | Signature of Member | Date |
| | Signature of Member | Date |
| | Signature of Qualifying Party | Date |

LICENSE CLASSIFICATION REQUIREMENTS

Below is a list of license classification testing and experience requirements. **Refer to the Arizona Registrar of Contractors Statutes and Rules Manual for details concerning the scope of work allowed under each classification.** Three license categories are available at this time; COMMERCIAL, RESIDENTIAL, and DUAL. Insert the license classification number and title (as listed in the Registrar of Contractors Statutes and Rules Manual) you are applying for in the space provided on the certification of experience section of the Exterior "Examination Score Report". **All qualifying parties are required to pass a Contractor's Business Management Exam**

COMMERCIAL

RESIDENTIAL

DUAL

A. The following classifications require four (4) years verifiable trade experience, a Business Management and Trade Exam.

| | | | | | | | | | | | |
|------|-----|------|------|--|------|----------------|------|------|------|------|------|
| A- | B-1 | L-4 | L-39 | B- | C-7 | C-17 | C-61 | KA- | K-7 | K-17 | K-61 |
| A-3 | B-2 | L-7 | L-42 | B-3 | C-9 | C-31 | C-68 | KA-5 | K-9 | K-21 | K-62 |
| A-7 | | L-9 | L-49 | B-4 | C-11 | C-37 | | KA-6 | K-11 | K-31 | K-74 |
| A-9 | | L-11 | L-61 | B-5 | C-15 | C-39 | | KB-1 | K-12 | K-37 | K-77 |
| A-11 | | L-12 | L-62 | C-4 | C-16 | C-42 | | KB-2 | K-15 | K-39 | K-79 |
| A-12 | | L-16 | L-74 | C-4R Boilers | | C-37R Plumbing | | K-4 | K-16 | K-42 | K-80 |
| A-17 | | L-31 | L-77 | C-39R Air Conditioning & Refrigeration | | | | | | | |
| A-21 | | L-37 | L-79 | C-37R Sewers, Drains & Pipe Laying | | | | | | | |

B. The following classification requires four (4) years verifiable trade experience, a Business Management and Trade Exam (administered by the Arizona Department of Water Resources.)

A-4 Drilling

C. The following classification requires four (4) years verifiable trade experience, a Business Management and two trade exams. One(1) administered by the Arizona Department of Water Resources and the other administered by Exterior Assessments, LLC.

A-16 Waterworks

D. The following classifications require three and one-half (3 1/2) years verifiable trade experience plus one-half year related solar experience, a Business Management and Trade Exam.

A-19 Swimming Pools including Solar

B-6 Swimming Pools including Solar

KA-6 Swimming Pools Including Solar

E. The following classifications require three (3) years verifiable trade experience, a Business Management and Trade Exam.

L-41 L-44
L48 L-65

C-21 C-41
C-48

K-41 K-44
K-48 K-65

F. The following classifications require two (2) years verifiable trade experience, a Business Management and Trade Exam.

L-34 L-58
L-54 L-67
L-8

B-5R Factory Fabricated Pools & Spas
C-21R Irrigation Systems
C-37R Water Conditioning Equipment
C-39R: Warm Air Heating, Evap. Cooling & Ventilating
C-41R Precast Waste Treatment Systems
C-37R Gas Piping
C-34 C-8

K-34 K-58
K-54 K-67
K-8

G. The following classifications require two (2) years verifiable experience, a Business Management and Trade Exam (administered by the Arizona. Department of Water Resources).

L-53 Water Well Drilling

C-53 Water Well Drilling

K-53 Water Well Drilling

H. The following classification requires one (1) year verifiable experience, a Business Management and Trade Exam.

C-12 Low Voltage Communication Systems

I. The following classifications require six (6) months verifiable experience, a Business Management and Trade Exam.

L-78 Solar Plumbing Liquid Systems Only

C-37R Solar Plumbing Liquid Systems Only

K-78 Solar Plumbing Liquid Systems Only

OVER

COMMERCIAL

RESIDENTIAL

DUAL

J. The following classifications require four (4) years verifiable trade experience, and a Business Management Exam.

| | | | | | | | |
|-----|------|--|------|------|--|-----|------|
| A-5 | A-14 | | C-22 | C-18 | | K-2 | K-69 |
|-----|------|--|------|------|--|-----|------|

K. The following classifications require three (3) years verifiable trade experience, and a Business Management Exam.

| | | | | | | | |
|------|------|--|-----|------|--|------|------|
| L-14 | L-36 | | C-2 | C-14 | | K-14 | K-36 |
| L-38 | L-57 | | | | | K-38 | K-57 |

L. The following classifications require two (2) years verifiable trade experience, and a Business Management Exam.

| | | | | | | | | | |
|------|------|------|------|---|--|------|------|-------|------|
| A-15 | L-1 | L-3 | | C-17R Rebar and Wire Mesh | | K-1 | K-3 | K--66 | K-10 |
| L-13 | L-24 | L-26 | L-27 | C-39R Evaporative Cooling & Ventilators | | K-13 | K-24 | K-26 | K-40 |
| L-40 | L-45 | L-56 | L-60 | C-63 | | K-45 | K-56 | K-60 | K-63 |
| L-63 | L-64 | L-10 | | B-10 | | K-64 | | | |

M. The following classifications require one (1) year verifiable experience, and a Business Management Exam.

| | | |
|--------------------------------------|--|--------------------------------------|
| L-6 Swimming Pool Service and Repair | | K-6 Swimming Pool Service and Repair |
|--------------------------------------|--|--------------------------------------|

N. The following classification requires four (4) years certified trade experience, and a Business Management Exam.

| | | |
|--|------|--|
| | C-13 | |
|--|------|--|

O. The following classifications require three (3) years certified trade experience, and a Business Management Exam.

| | | | | |
|--|-------------------------|----------------|------|--|
| | C-9R Gunite & Shotcrete | C-36 | C-65 | |
| | C-9R Terrazzo | C-22R Wrecking | | |

P. The following classifications require two (2) years certified trade experience, and a Business Management Exam.

| | | | |
|--|---|-------------------------|--|
| | C-36R Lathing | C-45 | |
| | C-21R Landscaping | C-39R Gas Refrigeration | |
| | C-48R Swimming Pool Tile | C-30 | |
| | C-36R Swimming Pool Plastering | C-10 | |
| | C-42R Foam & Foam Panel Roofing | C-40 | |
| | C-42R Roofing Shingles & Shakes | | |
| | C-13R Asphalt Coating & Parking Appurtenances | | |

Q. The following **residential** classifications require one (1) year certified experience, and a Business Management Exam.

| | | | |
|--|-------------------------------------|---------------------|--|
| B-4R Corrosion Control | C-1 | C-38 | C-8R Composition Flooring |
| B-4R Sport Court Accessories | C-3 | C-17R Tanks | C-8R Non-conventional Floor Covering |
| B-4R Soil Stabilization | C-6 | C-17R Welding | C-9R Lightweight Concrete |
| B-5R Swimming Pool Covers | C-30R Cultured Marble | C-8R Carpet | C-9R Fence Footings |
| B-5R Reservoir Linings & Covers | C-31R Flagstone | C-34R Wallpaper | C-9R Pre-Cast Concrete |
| B- 5R Fiberglassing of Swimming Pools | C-65R Skylights | C-39R Pre-Coolers | C-14R Fencing Other Than Masonry |
| C-7R Doors, Gates, Windows & Accessories | C-40R Foam Insulation | | C-17R Steel Floor, Sub Floor and Form Systems |
| C-9R Sawing, Coring, Epoxy Panels & Bonding | C-8R Wood Flooring | | C-17R Recreational Equipment |
| C-16R CO2, Dry and Wet Chemical Systems | C-8R Ceramic & Clay Floor Covering | | |
| C-30R Weather Stripping | C-7R Removable Formwork & Shoring | | C-30R Doors, Windows, Gates, Tub & Shower Enclosures |
| C-37R Built-in Central Vacuum Systems | C-7R Nailing and Stapling | | C-34R Surface Preparation & Waterproofing |
| C-37R Kitchen & Bathroom Fixture Refinishing | C-17R Ornamental Metals | | C-65R Storm Windows and Doors |
| C-37R Swimming Pool Plumbing & Equipment | C-42R Liquid Applied Roofing | | C-65R Window Treatment |
| C-39R Temperature Control Systems | C-45R Premanufactured Fireplaces | C-31R Stone Masonry | |
| | C-30R Kitchen & Bathroom Components | C-65R Mirrors | |

R. The C-62 classification requires no practical experience, however a Business Management Exam is required.

RC-L-206B (05/02)

Visit our Website at: <http://www.azroc.gov/>

CONTRACTOR'S FINANCIAL STATEMENT
FILL IN ALL SPACES

SUBMITTED BY: _____

A Partnership

ADDRESS: _____

_____ A Corporation
A Limited Liability

_____ A Limited Liability Company

| | |
|--------------------------------|----|
| Condition at close of business | 20 |
|--------------------------------|----|

| ASSETS | | DOLLARS |
|---|--|---------|
| 1. Cash: (a) On hand \$_____ (b) Elsewhere \$_____ | | |
| 2. Notes receivable (a) Due within 90 days _____ | | |
| (b) Due after 90 days _____ | | |
| (c) Past due _____ | | |
| 3. Accounts receivable from completed contracts, exclusive of claims not approved for payment _____ | | |
| 4. Sums earned on uncompleted contracts, as shown by Engineer's or Architect's estimate | | |
| (a) Amount receivable after deducting retainer _____ | | |
| (b) Retainer to date, due upon completion of contracts _____ | | |
| 5. Accounts receivable from sources other than construction contracts _____ | | |
| 6. Deposits for bids or other guarantees _____ | | |
| 7. Interest accrued on loans, securities, etc. _____ | | |
| 8. Real estate (a) Used for business purposes _____ | | |
| (b) Not used for business purposes _____ | | |
| 9. Stocks and bonds: (a) Listed -- present market value _____ | | |
| (b) Unlisted -- present value _____ | | |
| 10. Materials in stock not included in Item 4 (a) For uncompleted contracts (present value) _____ | | |
| (b) Other materials (present value) _____ | | |
| 11. Equipment, book value _____ | | |
| 12. Furniture and fixtures, book value _____ | | |
| 13. Other assets _____ | | |
| Total Assets _____ | | |
| LIABILITIES | | |
| 1. Notes payable (a) To banks, regular _____ | | |
| (b) To banks for certified checks _____ | | |
| (c) To others for equipment obligations _____ | | |
| (d) To others exclusive of equipment obligations _____ | | |
| 2. Accounts payable: (a) Not past due _____ | | |
| (b) Past due _____ | | |
| 3. Real estate encumbrances _____ | | |
| 4. Other liabilities _____ | | |
| 5. Reserves _____ | | |
| 6. Capital stock paid up: (a) Common _____ | | |
| (b) Common _____ | | |
| (c) Preferred _____ | | |
| (d) Preferred _____ | | |
| 7. Surplus (net worth) Earned \$_____ Unearned \$_____ | | |
| Total Liabilities _____ | | |

I, the undersigned, hereby verify under penalty of law that all the information contained herein is true to the best of my knowledge and belief.

Signed

Sole Owner, Member, Officer or Partner must sign.

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM.

1. EXPERIENCE RECORD OF _____
Name of Qualifying Party

2. _____
Employers Name

3. _____
Mailing Address City State Zip Code

4. _____
Phone Number Fax Number E-Mail

5. Date of Employment: From: ____/____/____ To: ____/____/____ Total: ____/____/____

6. Type of Business (such as air conditioning, homebuilding, masonry, etc.): _____

7. Supervisor's Name: _____

8. Average hours worked per week: _____ Number of people **you** supervised: _____

9. Check all job positions you held for this employer.

| JOB TITLE | AMT. OF TIME YEARS/MONTHS | JOB TITLE | AMT. OF TIME YEARS/MONTHS |
|---------------------|------------------------------|------------------------------|------------------------------|
| ____ Laborer | ____ / ____ | ____ Project Manager | ____ / ____ |
| ____ Apprentice | ____ / ____ | ____ Self-Employed | ____ / ____ |
| ____ Journeyman | ____ / ____ | ____ Licensed AZ Contractor | ____ / ____ |
| ____ Foreman | ____ / ____ | ____ Out of State Contractor | ____ / ____ |
| ____ Superintendent | ____ / ____ | ____ Other: _____ | ____ / ____ |

10. Approximate number of projects or structures worked on for this employer: Residential _____ Commercial _____

11. **Average size range** of these projects in square footage, tonnage, voltage, miles or whatever applies to your field or work:
From: _____ To: _____
Small Large

12. Describe major duties you performed. Refer to Line 12 example on reverse side.

INSTRUCTIONS FOR COMPLETING QUALIFYING PARTY EXPERIENCE FORMS

The following information will assist you in properly completing the experience forms.

READ THROUGH THESE INSTRUCTIONS BEFORE YOU BEGIN.

NOTE: If, within the past five years, you were the qualifying party on an Arizona contractor's license in the same classification, you do not have to complete the experience forms or take the examination. **THIS WAIVER DOES NOT APPLY IF THE LICENSE WAS SUSPENDED OR REVOKED.**

The right to obtain a license partly depends on the experience of the qualifying party. Information provided on the form is subject to verification by contact with previous employers or others whose names you provide. We reserve the right to ask for additional verification.

Generally, the qualifying party must have a minimum of four (4) years of experience as a journeyman, trade foreman, superintendent or contractor in the type of work covered by the class of license being requested. At least two (2) years of this experience must have been within the last 10 years.

Use as many sheets as necessary to show the required years of experience. Lack of sufficient information could result in the application being rejected. Additional forms will be provided on request.

EXAMPLE:

Suppose that the qualifying party worked as a Self-Employed contractor in Washington State for 3 years. He moved to California where he was employed as a project manager for 6 months. He then returned to Washington State where he again became a Self-Employed contractor. He will need 3 experience sheets completed; one for the self-employment in Washington State; one for the period in California and one for the second period of self-employment in Washington State.

Verification of all of the information included on the experience record must be available either from a former employer or if out of business, someone who has direct knowledge of the information, such as immediate supervisor or former fellow employee.

If Self-Employed, provide names and complete addresses of at least 4 persons, other than relatives, who have direct knowledge of the type of experience and the time period listed.

Use a separate sheet for this information. Such persons as building inspectors, customers, subcontractors, or loan officers can be used to verify the experience listed.

If you have any questions, please contact the Phoenix office at 602-542-1525, 1-888-271-9286 or the branch office nearest you.

REFER TO THESE INSTRUCTIONS AS YOU COMPLETE THE EXPERIENCE FORM.

PRINT OR WRITE CLEARLY:

- Line 1. The full name of the qualifying party.
- Line 2. The full name of the employer or employing company. If Self-Employed, write "Self-Employed", and skip lines 3 and 4.
- Line 3. The complete mailing address is needed for verification.
- Line 4. A phone number can expedite the verification process.
- Line 5. The month and year that you started with the employer and the month and year you left. If Self-Employed, the date you started and the date you stopped being Self-Employed. Total the number of years and months and enter at the end of this line.
- Line 6. State the type of business the employer was engaged in. If the employer was a general contractor, write "general contractor"; if an air conditioning contractor, write "air conditioning contractor", etc.

Line 7. Name of your immediate supervisor at the place of business, if Self-Employed, write "self".

Line 8. Average number of hours per week for each employer and average number of employees whom you supervised.

Line 9. EXAMPLE:

Suppose that the qualifying party was first employed as a journeyman. After 6 months, he was promoted to foreman for 1 year and 6 months, after which he received a promotion to superintendent where he remained for 3 years. this total should equal the amount of time shown on line 5.

This would be shown as:

| | <u>JOB TITLE</u> | <u>AMT. OF TIME YEARS/MONTHS</u> |
|-------|------------------|--------------------------------------|
| _____ | Laborer | _____/____ |
| _____ | Apprentice | _____/____ |
| _____ | Journeyman | _____/ 6 |
| _____ | Foreman | 1 / 6 |
| _____ | Superintendent | 3 / ____ |

Line 10. EXAMPLE: GENERAL CONTRACTING

If you are applying for a B General Contractor's license you should include the following:

1. Residential: Number of completed houses on which you supervised complete construction.
2. Commercial: Number of office buildings, schools, etc. on which you supervised complete construction.

EXAMPLE: SPECIALTY CONTRACTING

If you are applying for a specialty license such as C-11 Electrical, you should include the following:

1. Residential: Number of complete houses on which you performed or supervised complete wiring.
2. Commercial: Number of office buildings, schools, etc. on which you supervised or performed complete wiring.

Line 11. Approximate the smallest and the largest of all projects you completed, using square footage, voltage, tonnage or whatever measurement applies to the class of work for which the license is being requested.

EXAMPLE: GENERAL CONTRACTING

900 sq. ft. to 12,000 sq. ft.

EXAMPLE: SPECIALTY CONTRACTOR-AIR CONDITIONING

1 ton to 75 tons

Line 12. Indicate the type of projects referred to in line 10 & 11.

EXAMPLE:

1. Masonry single family houses.
2. 10 story office building.

Write in the duties you performed for these projects.

EXAMPLE:

1. Supervised all rough framing and finish carpentry work for hospital building.
2. Electrical foreman of 6 man crew wiring single family tract houses.
3. Operated residential contracting company controlling bidding, employment, land preparation and complete construction of custom homes.

INSTRUCTIONS TO BONDING COMPANY FOR EXECUTION OF LICENSE BONDS

THE CONTRACTOR MUST SUBMIT THE ORIGINAL BOND TO THE REGISTRAR OF CONTRACTORS. ONLY THE ORIGINAL BOND DOCUMENT WILL BE ACCEPTED. FAXED BONDS ARE NOT ACCEPTABLE.

The bond must be filled in completely and correctly as indicated in the steps listed below:

1. Surety bond number. 'BINDER' in lieu of a bond number is not acceptable.
2. COMPANY NAME LINE: Company or Business name must be exactly as it appears on the license application.
Sole Proprietorship Bond: Individual's name followed by DBA, (Doing Business As) company name.
Partnership Bond: All partners' names followed by DBA company name.
Corporate or Limited Liability Company Bond: Corporate/Limited Liability Company name must read exactly as registered with Arizona Corporation Commission and if a DBA is used, Corporate/Limited Liability Company name followed by DBA company name.
3. Type in the name of the surety company.
4. The amount of bond required depends upon the classification of license (see reverse side for instructions).
5. Insert full Classification number and title, for example: "C-11 ELECTRICAL"
6. Original signatures on bond must be properly completed: (Reproduced signatures are **not** acceptable)

Sole Proprietor, Partner, Corporate Officer or Member of Limited Liability Company must sign and add title.

Attorney-in-Fact must sign. This signature must be notarized.

Subsequent bond riders or reinstatement notices must be the original copy bearing original signature(s).

NOTE: On all new applications for any classification of license the applicant shall estimate the anticipated gross volume of work within the State of Arizona for the remainder of the present fiscal year and shall be governed by the bond requirements hereinabove set forth as they apply to the particular classification of license. The filing of a bond or deposit in a specified amount shall be deemed to be the equivalent of submitting a volume estimate within the dollar limitations applicable for such bond amount.

NOTE: Any existing license under Suspension for lack of bond will not be renewed, nor will a new license application be accepted unless the original, signed bond, approvable by the R.O.C., is submitted with the application.

SEE BOND SCHEDULES ON REVERSE SIDE.

| RESIDENTIAL CLASSIFICATION | CONTEMPLATED GROSS VOLUME WITHIN ARIZONA | (PER EACH LICENSE) |
|---|---|---------------------------|
| Class B, B-3, B-4, B-4R, B-5, B-5R, B-6 and B-10 | \$150,000 or less | \$ 5,000 |
| | In excess of \$150,000 but not more than \$750,000 | 9,000 |
| | More than \$750,000 | 15,000 |
| Class C and C-R | \$100,000 or less | 1,000 |
| | In excess of \$100,000 but not more than \$375,000 | 4,250 |
| | More than \$375,000 | 7,500 |

| COMMERCIAL CLASSIFICATION | CONTEMPLATED GROSS VOLUME WITHIN ARIZONA | (PER EACH LICENSE) |
|--------------------------------------|--|---------------------------|
| Class A and Commercial B | \$150,000 or less | \$ 5,000 |
| | In excess of \$150,000 but not more than \$500,000 | 10,000 |
| | In excess of \$500,000 but not more than \$1,000,000 | 15,000 |
| | In excess of \$1,000,000 but not more than \$5,000,000 | 40,000 |
| | In excess of \$5,000,000 but not more than \$10,000,000 | 65,000 |
| | More than \$10,000,000 | 90,000 |
| Class L | \$150,000 or less | \$ 2,500 |
| | In excess of \$150,000 but not more than \$500,000 | 5,000 |
| | In excess of \$500,000 but not more than \$1,000,000 | 10,000 |
| | In excess of \$1,000,000 but not more than \$5,000,000 | 20,000 |
| | In excess of \$5,000,000 but not more than \$10,000,000 | 32,500 |
| | More than \$10,000,000 | 45,000 |

Dual license bond amounts are the combined amount required for residential and commercial classifications.

LICENSE BOND

THIS BOND MUST BE ON FILE WITH THE ARIZONA REGISTRAR OF CONTRACTORS

**STATE OF ARIZONA
REGISTRAR OF CONTRACTORS**

BOND NO: _____

That _____

as the principal, and _____

(Surety)

a corporation, duly authorized and licensed to transact surety business in the State of Arizona, are held and firmly bound unto the State of Arizona for the benefit of those persons described in A.R.S. §32-1152, as amended, in the penal sum set forth for the classification of license described:

| LICENSE CLASSIFICATION | PENAL SUM |
|-------------------------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The Principal has applied to the Registrar of Contractors of the State of Arizona for a license to conduct the business of contracting under the above-described classifications and submits this bond to comply with the provisions of A.R.S. §32-1152, as amended, which are incorporated herein as though fully set forth.

Liability under this bond is limited to the penal sum for each classification of work performed by the principal. Liability under each classification shall be determined strictly in accordance with the provisions of A.R.S. §32-1152, as amended, which are incorporated herein as though fully set forth.

Upon making payment to a claimant against the bond, the Surety shall immediately give written notice to the Principal and the Registrar of Contractors of the date and amount of payment.

The amount of this bond is based on the representation of the Principal of the anticipated annual gross volume of work pursuant to Rule R4-9-112.

This bond becomes effective on _____ **day of** _____ , 20 _____ .

SIGNED, SEALED AND DATED _____ **day of** _____ , 20 _____ .

Signature of Contractor (Principal)

By: _____
Signature Attorney-In-Fact (Must be Notarized)

Title of Signer

By: _____
Print or Type Name of Attorney-In-Fact

Print or Type Name of Contractor (Principal)

Subscribed and sworn to before me this _____
day of _____ , 20 _____ .

Notary Public

My Commission Expires: _____

State of: _____

County of: _____

**THE ORIGINAL BOND MUST BE SIGNED BY
THE PRINCIPAL, ATTORNEY-IN-FACT AND
THE NOTARY PUBLIC AND BE FILED WITH
THE REGISTRAR OF CONTRACTORS AT 800
W WASHINGTON 6TH FLOOR PHOENIX , AZ
85007 TO COMPLY WITH A.R.S. § 32-1152**

INSTRUCTIONS FOR FILING CONTRACTORS EXAM APPLICATION

Applications for a contractor's license cannot be **ACCEPTED** until all testing requirements have been completed.

The study guide "NASCLA CONSTRUCTION MANAGEMENT GUIDE", Arizona Edition, for the business management portion of the test can be purchased from the publisher at Builders' Publishing Company, 1033 E. Jefferson St., Suite 500, Phoenix, Arizona 85034-2255. Phone: (800) 284-3434, (602) 252-4050, Fax: (602) 258-8808. E-mail: bldrsbkdpo@aol.com, or copies are available for reference at public libraries.

1. Testing requirements must be completed by the person who will act as the Qualifying Party as defined in Arizona Revised Statute §32-1127. The "Candidate Information Bulletin" includes the application for testing, fee schedule and instructions to schedule your examination(s). To determine which test(s) you are required to pass, refer to the "License Classification Requirements" form included in the Registrar of Contractors license application package. After passing your examination(s), Exporior Assessments, LLC will give you an "Examination Score Report." Complete the certification of experience section on the "Examination Score Report" prior to submitting your license application.
2. If, within the past 5 years, you were the qualifying party on an Arizona contractor's license, in the **same** classification, you do not have to take the examination. **This waiver does not apply if the license was suspended by disciplinary action or revoked.** (Contact the Registrar of Contractors if you have any questions regarding this.)
3. If you are unsure of which classification to apply for, the licensing department of the Registrar of Contractors will assist you, however, the Registrar of Contractors and the testing firm assume no responsibility for an inappropriate or incorrect choice of classification. Use the attached license classification requirements chart to select the proper classification.
4. Should you require an interpreter to assist you in taking the test, contact the testing firm for the necessary forms prior to submitting the application for testing.
5. Exporior Assessments, LLC will mail you an examination study guide/content outline at the time you register for your exam(s). You may request a copy from Exporior Assessments, LLC by calling 800-899-4089, or obtain a copy at the following web sites: Exporior Assessments, LLC: www.exporioronline.com. Registrar of Contractors: www.azroc.gov Questions concerning study guides, test procedures, areas of study, rescheduling test dates or test scores should be directed to Exporior Assessments, LLC at the above phone number or by written correspondence to: Exporior Assessments, LLC Arizona contractors, 1260 Energy Park Lane, St. Paul, MN 55108-5252.
6. You will be admitted for a test only if you provide pictured identification, such as an Arizona driver's license, identification card issued by the Department of Public Safety, or passport. **(Birth certificates, social security cards, hunting licenses, etc., will not be accepted.) NO EXCEPTIONS WILL BE GRANTED!**
7. The qualifying party must take and pass the examination within six months from the date of filing the test application. If a third examination is failed the application becomes null and void.

Testing is scheduled regularly in Phoenix, Tempe, Tucson and in Flagstaff. When at least 10 applicants request to do so, a test date will be scheduled near a Registrar of Contractors branch office. If you desire testing in an area other than those cities listed, advise Exporior Assessments, LLC indicating the

OVER

approximate date and branch office that you prefer. The testing firm will notify you of the reporting date and location of testing.

The following agencies will provide you with business information and or helpful publications.

AZ. Corporation Commission
1300 W. Washington St., Rm. 101
Phoenix, AZ 85007
(602) 542-3135
(AZ. Res.) (800) 345-3135

Secretary of State
Trade Names Division
1700 W. Washington, 7th Fl (Mail in)
14 N 18th Avenue (Walk in)
Phoenix, AZ 85007
(602) 542-6187

Arizona Department of Revenue
Tax Payer Services
1600 W. Monroe
Phoenix, AZ 85007
(602) 255-2060
(800) 843-7196

Department of Economic Security
State Unemployment Insurance
3225 N Central Ave, 14th floor
PO Box 6028
Phoenix, AZ 85005
(602) 248-9354

Internal Revenue Service
Western Area Distribution Center
Rancho Cordova, CA 95743-0001
(800) 829-3676

U.S. Small Business Admin.
Surety Bond Guarantee Program
2828 N. Central Ave., Ste. 800
Phoenix, AZ 85004-1093
(602) 745-7225

Score (Service Core of Retired Executives)
Call (800) 634-0245 for nearest office
Or E-mail: <http://www.score.org/>

Industrial Commission of Arizona Workers
Compensation Insurance
PO Box 19070
Phoenix, AZ 85005-9070

Industrial Commission of AZ. Occupational
Safety and Health Division
800 W Washington St., Second Floor
Phoenix, AZ 85007
(602) 542-5795

U.S. Department of Labor Wage & Hour Div.
3221 N. 16th Street, Ste 301
Phoenix, AZ 85016
(602) 640-2990

Equal Employment Opportunity Commission
1801 L. Street, NW
Washington, DC 20507
(202) 663-4900
(800) 669-3362

Small Business/Minority and Women Owned
Businesses
1700 W Washington, Ste 600
Phoenix, AZ 85007
(602) 771-1196
(800) 542-5684
www.azcommerce.com

Arizona Blue Stake Inc
4415 S Wendler Dr, Ste 105
Tempe, AZ 85282
(602) 263-1100 (Maricopa County)
(800) STAKE-IT (outside Maricopa County)

Candidate Information Bulletin



A Division of  CAPSTAR

STATE OF ARIZONA

Residential and Commercial
Contractor Examinations

Neither the Registrar of Contractors nor Experior Assessments, LLC is affiliated with any pre-licensing or test preparation school.

Summary of Steps in the Examination Process

1. Obtain licensure and examination applications from the Registrar of Contractors (ROC).
2. If you are not sure which license to apply for, contact the ROC.
3. Complete and submit the Examination Registration Form included at the end of this Bulletin, along with the appropriate fees to Experior.
4. Take your examination at the scheduled time and place.
5. Receive scores from Experior. If you do not pass, you will receive retake information.
6. You must successfully pass your examination before submitting your license application.
7. If you pass, submit your Score Report, along with the completed licensing application, to the Registrar of Contractors for processing.
8. Please note your scores are valid for up to TWO YEARS from the date of passing the test.

An original passing Score Report for each required examination must be submitted with your license application to the Registrar of Contractors.

Note: *An examination registration is valid for 90 calendar days after it has been processed and will expire without further notice at that time.*

Licensure Process

Arizona State Law requires residential and commercial contractors to be licensed. To apply for a license, start by requesting an application packet from the state Registrar of Contractors at:

**The State of Arizona
Registrar of Contractors**
800 West Washington, Sixth Floor
Phoenix, AZ 85007
602.542.1525
www.azroc.gov

When you have received your application packet, complete the enclosed Examination Registration form included in this Bulletin.

Examination Registration Procedures

You may register for your examination by any of the following methods:

INTERNET REGISTRATION AND SCHEDULING

You may register and schedule your examination online at any time using our Internet Registration Service at www.experioronline.com. To use this service, follow these easy steps:

- Go to www.experioronline.com and select **Test Takers**.
- Choose **Arizona** from the list of states provided.
- Under **Construction**, click on **State License Exams**.
- Select **Click Here to see Arizona Exam Locations and Register Online** to create your own user ID and password.
- Follow the simple, step-by-step instructions to complete the registration process. Please have your MasterCard or Visa available for online payment of examination fees.
- Complete the process by scheduling your examination appointment online.

If you require **ADA, English as a Second Language** or **reader/interpreter** accommodations, you must schedule your examination by calling 800.899.4089. **For additional information, please see *Special Test Considerations* on Page 4.**

PHONE

You may call Experior at **800.899.4089** between 6 a.m. and 7 p.m. (Mountain time) to register for your examination. Please have your Examination Registration Form and your MasterCard or Visa number available before you call. You may schedule your examination at the same time.

FAX

You may fax the Examination Registration form found in the back of this Bulletin, to **800.347.9242**. You must include your MasterCard or Visa information.

MAIL

If you desire to mail your payment, please mail the completed Examination Registration form with the appropriate fees to:

**Experior Assessments
A Division of Capstar**
Arizona Contractors
1260 Energy Lane
St. Paul, MN 55108

The form will be processed within 48 hours from the time it is received. (Please allow four to eight days for mail delivery.)

You may pay by MasterCard, Visa, money order, company check or cashier's check.

Note: Personal checks and/or cash are not accepted.

Scheduling Your Examination

Once registered, you may schedule your examination by calling Experior at **800.899.4089** between 6 a.m. and 7 p.m. (Mountain time). An examination registration is valid for 90 calendar days after it has been processed and will expire without further notice at that time.

Appointments and Cancellations

You may take your examination at any Experior testing center nationwide. Maps and directions to the Arizona testing centers are located on Pages 5 and 6 of this Bulletin. For a complete list of testing centers, visit www.exporioronline.com. Appointments are available three to six days per week at most centers. Schedule your examination early to get your preferred site and time.

RESCHEDULING YOUR APPOINTMENT

If you do not allow at least three full business days to reschedule your appointment, you will be required to pay a \$40 rescheduling fee prior to choosing another appointment. To pay this fee using Visa or MasterCard and reschedule your appointment, call Experior at 800.899.4089. You may also pay the \$40 rescheduling fee by mailing a cashier's check, company check, money order, or Visa or MasterCard information.

ABSENT FROM YOUR APPOINTMENT

If you are unable to attend your scheduled examination due to illness or emergency, the rescheduling fee may be waived. Experior reserves the right to request documentation to support your illness or emergency claim.

If you miss or are late arriving for your appointment, you will be assessed a \$40 rescheduling fee prior to choosing another appointment. To reschedule your exam appointment, please call Experior at 800.899.4089. This fee will allow you to use your original exam registration.

Examination Fees

| | |
|--|--------------|
| One examination | \$63 |
| Two examinations (Business Management Exam plus one trade exam) | \$120 |

Note: These fees also apply for Retakes.

Walk-In Testing

Walk-in testing is possible on a space-available basis. Since seating is limited, it is recommended that an exam appointment be made in advance. There is a \$20 fee for this service.

Examination Retakes

If you have allowed your examination registration to expire or you were unsuccessful in your examination attempt, you may re-register by any of the methods listed above. Another examination fee is required.

Note: *There is no limit to the number of times you may take an examination; however, it is recommended that you spend some time studying between examinations.*

Examination Review

If you are unsuccessful after two attempts, you may review the last examination taken. Reviews are held one day a month at Experior's Tempe office. You may schedule a review by calling Experior at **800.899.4089**. Only one review is allowed.

In order to receive a written response to your comments or concerns regarding the content of the examination, you **must** submit a written appeal either after taking an examination or after an examination review by following the procedure detailed in the Appeal Committee section listed below. This is the **only process** which will result in a direct response from Experior regarding your examination concern.

Appeal Committee

Our goal at Experior is to provide a quality test and a pleasant testing experience to every candidate. If you are dissatisfied with either and believe we can correct the problem, we would like to hear from you. To facilitate this, we provide an opportunity at the end of your exam to make comments, and Experior will review your comments, but you will not receive a direct response. You may also contact one of our Candidate Support Specialists at 800.853.5448 to discuss your concern. The Candidate Support Specialist will direct your inquiry to the appropriate individual for response.

We try to resolve candidate concerns at the testing site or on the phone whenever possible. If you feel that your concern has not been resolved, you must put your comments in writing to the following address:

**Experior Assessments
A Division of Capstar
ATTN: Appeal Committee
1260 Energy Lane
St. Paul, MN 55108
Fax: 800.347.9242**

If your concern is regarding the content of the exam, you must mail your concern to Experior, as only original signatures can be accepted. No faxes are allowed. If your

concern is regarding registration, scheduling or test administration (testing site procedures, equipment, personnel, etc.), you may either mail or fax your concern to Experior. In your letter, include your name, your candidate identification number, the name of the exam, the date you tested and a specific description of your concern and the relevant facts surrounding it. Experior will investigate your concerns and will send a written response from the Appeal Committee within 10 business days of receipt at Experior.

Severe Weather

In the event of severe weather, Experior may need to cancel scheduled examinations. In this situation, Experior personnel will attempt to contact you via telephone to reschedule your examination at your earliest convenience. You may confirm your scheduled examination by calling Experior at **800.899.4089**.

Sample Questions

- A contractor's license may be suspended or revoked for all of the following **EXCEPT**
 - the conviction of a felony.
 - the violation of any rule adopted by the Registrar.
 - the failure to pay for job materials in excess of \$500 when due.
 - knowingly contracting beyond the scope of the license or licenses of the licensee.
- Pigments that are used for coloring concrete generally **DO NOT** affect concrete properties when the percentage by weight is kept below what **MAXIMUM** amount?
 - 3%
 - 6%
 - 8%
 - 10%
- What **MINIMUM** size copper conductor type THW is required for a feeder circuit that is providing 3-phase, 480-volt power to a 10-horsepower and a 5-horsepower, wound rotor, motor load?
 - 8 AWG
 - 10 AWG
 - 12 AWG
 - 14 AWG
- If the flow through a stream nozzle used on a non-sodded bank is greatly reduced, what is the most likely cause?
 - Reduced supply pressure
 - Cavitation
 - Back-siphonage
 - Clogged orifices

- Vibration isolators used between a mechanical system and attached ducts shall be what **MAXIMUM** length?
 - 10"
 - 12"
 - 16"
 - 20"
- Given: A building has a steep roof that will be covered with clay-tile shingles. The rafter span is 18 feet 3 inches. The rafters to be used will be spaced at 16 inches o.c. They have an "extreme fiber stress in bending" value of 1,800.
What is the **MINIMUM** allowable size for the rafters?
 - 2 x 4
 - 2 x 6
 - 2 x 8
 - 2 x 10
- Where is the shut-off valve installed in the relief discharge piping on a hot water heater?
 - A shut-off valve is not permitted
 - Between the relief valve and the heater tank
 - Not more than 12 inches downstream from the relief valve
 - Not more than 12 inches upstream from the connection to the building drainage system

ANSWERS TO SAMPLE QUESTIONS

1. C, 2. B, 3. D, 4. D, 5. A, 6. D, 7. A

Description of Examinations

Please check Experior's web site at www.experioronline.com for content outline and reference information for each examination. Experior provides any books allowed for use during the examination. You may not use your own books for open-book examinations.

For a contractor's license, each candidate must take and pass the Contractor Business Management examination in addition to the trade-specific examination.

Contractor Business Management Content Outline

The Business Management exam consists of 80 scored questions. You will be given 2-1/2 hours to complete the examination. A passing score of at least **70 percent** is required to pass.

| Subject | Percentage |
|---------------------------------------|------------|
| Business Management | 8 |
| Licensing Laws and Rules | 8 |
| Estimating and Bidding | 12 |
| Contracts and Agreements | 12 |
| Project Management | 12 |
| Insurance and Bonding | 8 |
| Safety, Record Keeping and Reporting | 6 |
| Labor Laws and Employment Regulations | 7 |
| Financial Management | 11 |

| | |
|------------------------------------|---|
| Tax Laws | 6 |
| Liens | 5 |
| Environmental Laws and Regulations | 5 |

REFERENCES

Test questions are developed from industry standards. This examination emphasizes information presented in these references.

1. *Arizona Guide for Contractors – Statutes and Rules*, August 2003 Edition, Arizona Registrar of Contractors, 800 W. Washington, Sixth Floor, Phoenix, AZ 85007-2940, www.azroc.gov.
2. *State of Arizona OSHA Safety and Health Standards for the Construction Industry (29 CFR 1926)*, January 1, 2003 Edition, Arizona Industrial Commission, Division of Occupational Safety and Health, Industrial Commission of Arizona, P.O. Box 19070 Phoenix, AZ 85005-9070.
3. *Arizona Construction Management Guide*, Third Edition, 2002, Builders' Publishing Company, 1033 East Jefferson Street, Suite 500, Phoenix, AZ 85034, 800.284.3434, www.buildersbookdepot.com.

OR

National Association of State Contractors Licensing Agencies, www.nascla.org.

For information on how to obtain reference materials, call toll-free 877.624.2562.

Trade Examinations Examination Content Outline

Each trade examination content outline includes a **RECOMMENDED** list of documents to study for the examination. The content outline will be mailed to you at the time you register for a test. You may also request a copy by calling Experior at 800.899.4089 or you may obtain a copy at the following Web sites:

Experior: www.experioronline.com
Registrar of Contractors: www.azroc.gov

Taking the Examination

Examinations will be given by using a personal computer at an Experior testing center. You do not need any computer experience or typing skill to take an examination. Before you start your examination, you will have a personalized introduction to the testing system and an introductory lesson, which takes place on the computer. You should arrive at least 10 minutes before your scheduled examination appointment in order to verify your identification and allow time for you to sign in.

You must present a valid form of identification before you may take the examination. The identification must meet the following criteria:

- Be government issued (driver's license, state-issued identification card, military identification or current passport);
- Have a current photo and your signature; and

- The name on the identification must be the same as the name used to register for the exam (including designations such as "Jr." or "III," etc.).

Note: Failure to provide appropriate identification at the time of the examination is considered a missed appointment and a rescheduling fee will be charged. If you cannot provide the identification as listed above, contact Experior before scheduling your appointment to arrange for an alternative form of identification.

SECURITY PROCEDURES

The following security procedures will apply during the examination.

- Examination contents are proprietary. Cameras, notes, unauthorized reference materials, tape recorders, pagers or cell phones are not allowed in the testing room;
- No guests, visitors or family members are allowed in the testing or reception areas;
- Programmable calculators are not permitted; and
- Valuables or weapons should not be brought to the testing center. Only keys and wallets may be taken into the testing room. Experior is not responsible for items left in the reception area.

Failure to follow any of these security procedures may result in the disqualification of your examination. Experior reserves the right to videotape any examination session.

Copyrighted Examination Questions

All test questions are the copyrighted property of Experior Assessments, LLC. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these test questions by any means, in whole or in part, without our written permission. Doing so may subject you to severe civil and criminal penalties, including up to five years in prison and/or a \$250,000 fine for criminal violations.

Special Test Considerations

AMERICANS WITH DISABILITIES ACT (ADA)

If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodations in the examination process to assure that the examination accurately reflects skills, knowledge or abilities. Experior is fully compliant with ADA guidelines and will provide reasonable accommodations. Please contact Experior at **800.899.4089** for ADA accommodation information.

Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling **800.790.3926**.

Experimental Questions

Your examination may contain up to five additional questions that will not be scored. These are used to gather statistical information on the questions before they are added to the actual examination. These questions, distributed throughout the examination, WILL NOT:

- be counted for or against you in your final examination score, or
- take any time away from your allotted testing time.

Understanding the Examination Results

At the end of the examination you will receive a printed Score Report. If you did not pass the examination, the report indicates your overall score and numerical percentage of questions answered correctly on each major section of the test as defined by the content outline. The primary purpose of providing a score for each part of the examination is to guide you in areas requiring additional preparation for retesting. The detail is not shown if you pass the examination.

Examination results are transmitted electronically to the ROC each day. Examination results are confidential and will be revealed only to the applicant and the ROC. Applicants may call or write to Experior to request a duplicate of their Score Report for a period of five years after completion of the examination. Duplicate Score Reports may be requested by phone at **800.899.4089** or by using the Examination Registration form. There is a fee of \$10 per Duplicate Score Report.

Any questions or comments regarding the examination should be directed to Experior at the address and telephone number given in this Bulletin.

Certificate of Achievement

Experior has prepared a beautifully designed Certificate of Achievement suitable for framing. A Certificate of Achievement is available to all candidates who pass an Experior examination. Experior will print your name and the name of the examination you successfully completed on the certificate. The cost is **\$13** (included shipping and handling). Call 800.899.4089 for further information.

Tips for Preparing for Your Licensing Examination

The following suggestions are to help you prepare for your licensing examination. Planned preparation increases your likelihood of passing.

- Make sure you have a current copy of this Bulletin. Read the content outline as a basis of study. Make sure you can explain the major points associated with each outline topic.
- Select study materials that cover all the topics in the content outline.
- Read the study materials carefully, making sure you understand each idea before going on to another. Take notes and highlight key ideas for later review.
- Use new terms or concepts as frequently as you can in discussions with colleagues to test your understanding and reinforce ideas.
- Maximize the effectiveness of your examination preparation by studying frequently and for periods of about 45 to 60 minutes.

ARIZONA TESTING CENTERS

If you are unfamiliar with the area, please contact the Experior testing center during testing hours for directions. Please direct registration, scheduling and any other questions to Central Registration at 800.853.5448. Maps are not drawn to scale.

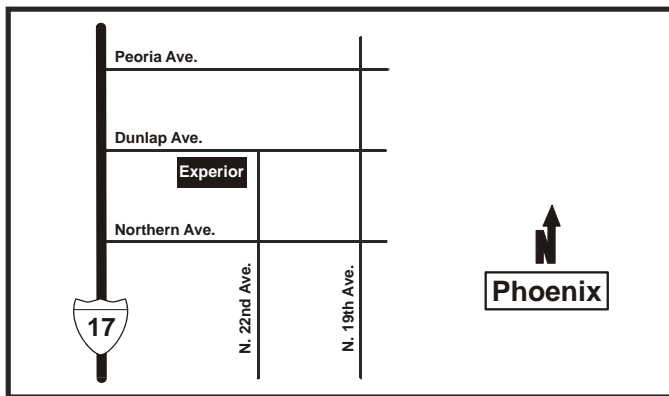
Phoenix Area Center

8900 N. 22nd Avenue, Suite 205
QwestDex Communications Complex
Phoenix, AZ 85021
Phone: 602.944.7411

From I-17 north or south, take the Dunlap Avenue exit east. Go to the southwest corner of N. 22nd Avenue. Experior is located in the QwestDex Communications Building.

Parking is available in the visitor-marked spaces in the parking lot.

Note: 22nd Avenue is not a through street from Peoria to Dunlap.

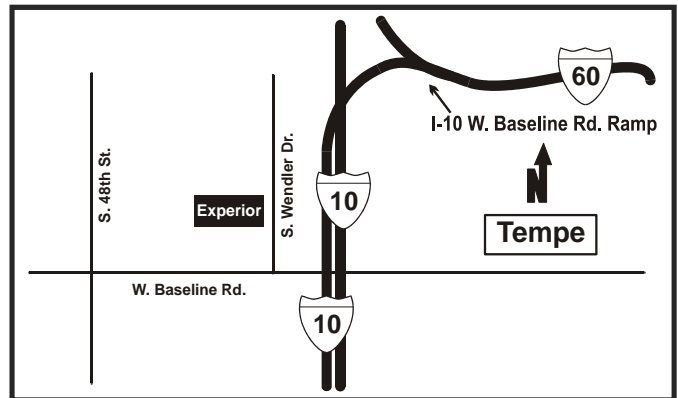


Tempe Area Center

4920 S. Wendler Drive, Suite 110
Tempe, AZ 85282
Phone: 602.426.1284

If approaching from the north, take I-17 to I-10 east to exit 155 towards Baseline Rd/Guadalupe. Turn right onto W. Baseline Rd, and then turn right again onto S. Wendler Dr.

From I-10 (from the east, west or south), take I-10 to W. Baseline Rd. (exit 155). Turn left onto W. Baseline Rd, then right onto S. Wendler Dr.



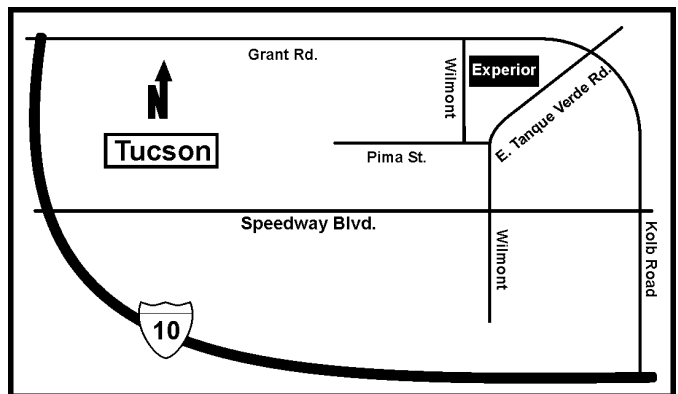
Tucson Area Center

6367 E. Tanque Verde Road, Suite 50
Tri Pointe Plaza
Tucson, AZ 85715
Phone: 520.296.7986

If approaching on I-10 from the west, take the Grant Road exit east. Continue on Grant Road (8.4 miles) to E. Tanque Verde Road turn right onto E. Tanque Verde Road.

If approaching on I-10 from the east, take Kolb Road exit north. Continue on Kolb Road (8 miles), then turn left onto E. Tanque Verde Road.

Tri Pointe Plaza is on the west side of the road between Grant Road and Pima Street. The testing center is located in the second group of buildings on the lower level.



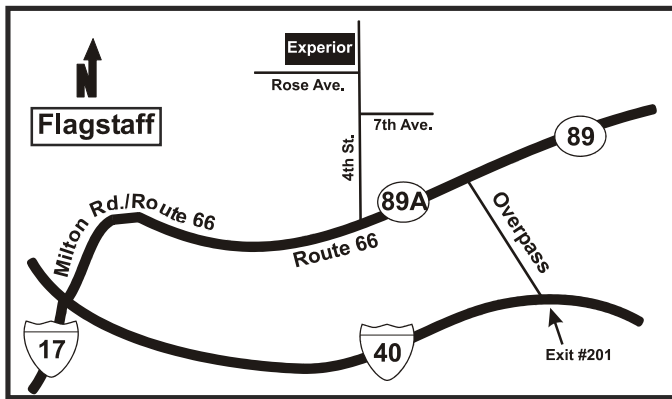
ARIZONA TESTING CENTERS CONT.

Flagstaff Area Center

2615 N. 4th Street, Suite 8
Flagstaff, AZ 86004
Phone: 928.556.9678

Exporior is located on the east side of Flagstaff, on the corner of 4th Street and Rose Ave. Parking is available in the front and rear of the building.

From the north on Hwy 89, continue into the city to 4th Street. Go north (right) on 4th Street to testing center. **From I-40**, take exit #201 on to the Overpass to Route 66/Hwy 89A. Turn west (left) onto Route 66 and continue into the city to 4th Street. Turn north on 4th to testing center. **From I-17**, continue through town on Milton Rd/Route 66 (approx. 4-1/2 mi.) to 4th Street. Take 4th Street north (left) to testing center.

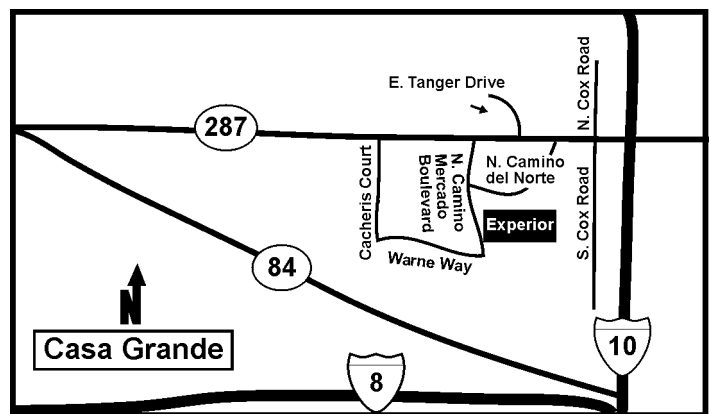


Casa Grande Area Center

Palm Center
520 N. Camino Mercado Boulevard, Suite E-2
Casa Grande, AZ 85222

Take I-10 to Exit 194 for AZ-287. Turn onto AZ-287 and go west. Turn left onto N. Camino Mercado Boulevard. The testing center will be on your left at 520 N. Camino Mercado Boulevard, Suite E-2.

NOTE: SITE WILL OPEN NOVEMBER 1, 2004.



THIS PAGE INTENTIONALLY LEFT BLANK

Arizona Residential and Commercial Contractor Examination Registration Form

CANDIDATE INFORMATION

| | | | |
|---|------------|------------------------------------|------------------------|
| Last Name | First Name | Middle Initial | Social Security Number |
| Street Address (including Apt. number or P.O. Box, if applicable) | | | |
| City, State, ZIP Code | | | |
| Daytime Phone (include area code) | | Business Phone (include area code) | |

EXAM SELECTION AND FEES

Refer to the form License Classification Requirements to determine which trade examination(s) you are required to pass.

NOTE: ALL APPLICANTS ARE REQUIRED TO PASS THE BUSINESS MANAGEMENT EXAM.

| Exam Title | Check Exam(s) |
|--|---------------|
| Business Management Examination | |
| A (KA) | |
| A-7 | |
| A-9/B-5 (KA-5) | |
| A-11/C-17 (K-17) | |
| A-12 (K-80) | |
| A-16 | |
| A-17 | |
| A-19/B-6 (KA-6) | |
| A-21/C-21 (K-21) | |
| B/B-2 (KB-2) | |
| B-1 (KB-1) | |
| B-4 | |
| B-5R Factory Fabricated Pools and Accessories | |
| C-4 | |
| C-4R | |
| C-7/L-7 (K-7) | |
| C-8/L-8 (K-8) | |
| C-9/L-9 (K-9) | |
| C-11 | |
| C-12/L-67 (K-67) | |
| C-15/A-3 (K-15) | |
| C-16 | |
| C-31/L-31 (K-31) | |
| C-34/L-34 (K-34) | |
| C-37 | |
| C-37R Gas Piping | |
| C-37R Plumbing | |
| C-37R Sewers, Drains and Pipe Laying | |
| C-39/L-79 (K-79) | |
| C-39R/L-39 (K-39) Air Conditioning and Refrigeration | |
| C-39R/L-58 Comfort Heating, Ventilating, Evaporative Cooling | |
| C-41R | |

OVER

| | |
|--|--|
| C-41/L-41 (K-41) | |
| C-42/L-42 (K-42) | |
| C-48/L-48 (K-48) | |
| C-61/L-61/B-3 (K-61) | |
| C-68 | |
| L-4 (K-4) | |
| L-11 (K-11) | |
| L-12 | |
| L-16 (K-16) | |
| L-37 (K-37) | |
| L-44/C-21R (K-44) Irrigation Systems | |
| L-49 | |
| L-54/C-37R (K-54) Water Conditioning Equipment | |
| L-62 (K-62) | |
| L-65 (K-65) | |
| L-74 (K-74) | |
| L-77 (K-77) | |
| L-78/C-37R (K-78) Solar Plumbing – Liquid Systems ONLY | |

FEE CALCULATION

| | Fee | Quantity | Amount Enclosed |
|--|-------|----------|-----------------|
| One Examination | \$63 | | \$ |
| Two Examinations (Business Management + one trade) | \$120 | | \$ |
| Optional Fees (where available — check your Bulletin) | | | \$ |
| Duplicate Score Report (include exam title and date) | \$10 | | \$ |
| Total Fee(s) | | | \$ |

PAYMENT: Fee may be paid by certified check, cashier's check, money order, MasterCard or Visa payable to Experior. Please put your full name on the check. **PERSONAL CHECKS AND/OR CASH ARE NOT ACCEPTED. FEES ARE NONREFUNDABLE.** To pay by credit card, complete the information below. See complete registration and scheduling information in this Bulletin.

| | | |
|--|-------------------------|-----------------|
| Card Type (Circle) MC Visa | Card Number | Expiration Date |
| Name of Cardholder (Print) | Signature of Cardholder | |

By signing and submitting this form, I certify that I am the candidate named above and I agree to comply with all examination rules and regulations.

Signature: _____ Date: _____

Candidates should keep a copy of the Exam Registration Form (both sides) for their records.

**To register by mail, send this completed form with the appropriate fee to:
Experior Assessments, Attn: Arizona Contractor, 1260 Energy Lane, St. Paul, MN 55108**

ASBESTOS EDUCATIONAL PAMPHLET

STATUTORY REFERENCE:

Title 32, Arizona Revised Statutes (ARS), Chapter 10, Article 1, Registrar of Contractors, §32.1128 Asbestos Educational Pamphlet.

PURPOSE:

- A. The Director of Occupational Safety and Health within the Industrial Commission with the assistance of the Registrar of Contractors and the director of the Department of Environmental Quality shall prepare an educational pamphlet relating to asbestos to help contractors identify asbestos in the workplace and to inform them of state and federal asbestos rules and of the health hazards associated with asbestos contact.
- B. The registrar shall distribute asbestos educational pamphlets with each contractor's license or license renewal.

ASBESTOS NESHAP STANDARDS FOR RENOVATION AND DEMOLITION ACTIVITIES

ASBESTOS NESHAP STATUTORY AUTHORITY:

Title 40, Code of Federal Regulations (CFR), Part 61, Subpart M, Asbestos NESHAP; Arizona Revised Statutes, Title 49, §49-421 et. seq., and §49-471 et. seq.; Arizona Administrative Code (AAC), Title 18, Chapter 2, R18-2-1101. National Emission Standards for Hazardous Air Pollutants (NESHAP) program is administered by US EPA and delegated counties.

PURPOSE:

To protect public health from exposure to regulated asbestos-containing materials (RACM) during Asbestos NESHAP facility renovation and/or demolition activities, asbestos removal, transport, and disposal, and closely monitoring those activities for proper asbestos emissions control and advanced 10-working day notification for all demolition activities and renovations with threshold amounts of RACM. Asbestos is known to cause cancer and other respiratory diseases in humans.

WHAT IS AN ASBESTOS NESHAP FACILITY?

An Asbestos NESHAP facility is any: institutional, commercial, public, industrial, or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, but excluding residential buildings having four or fewer dwelling units), any ship, and any active or inactive waste disposal site. Any structure, installation or building that was previously subject to this regulation (since April 16, 1973), is not excluded regardless of its current use or function.

ARIZONA "ASBESTOS CONTACT DIRECTORY":

To receive a free copy of the Arizona "Asbestos Contract Directory", fill out the attached order form and mail or fax to the Arizona Department of Environmental Quality (ADEQ) at 1110 W. Washington St., Phoenix, AZ 85007, fax number (602) 771-2299. This document may also be downloaded from ADEQ's website: <http://www.azdeq.gov/> (Environmental Programs, Air Quality Compliance, Asbestos). The "Asbestos Contact Directory" lists:

1. Asbestos NESHAP regulatory agencies
2. Environmental consultants with AHERA building inspectors
3. NVLAP laboratories for bulk asbestos fiber analysis
4. AHERA Contractor/Supervisor training providers
5. Commercial asbestos abatement contractors licensed in Arizona
6. Asbestos waste landfills
7. Wrecking contractors licensed in Arizona, and
8. Asbestos related agencies and organizations.

OSHA ASBESTOS STANDARDS FOR WORKER PROTECTION

ASBESTOS OSHA STATUTORY AUTHORITY:

Title 29, Code of Federal Regulations (CFR), Part 1926.1101, as adopted in accordance with ARS, Title 23, Chapter 2, Article 10, §23-410.

PURPOSE:

To protect employee health from exposure to asbestos-containing materials during construction activities involving the disturbance and/or handling of asbestos-containing materials.

WHEN DO OSHA STANDARDS APPLY?

The OSHA standards found in 29 CFR 1926.1101 are applicable during the following activities involving asbestos-containing material {material which contains more than one percent (>1%) asbestos.}

1. Demolition or salvage of structures where asbestos is present;
2. Removal or encapsulation of materials containing asbestos;
3. Construction, alteration, repair, maintenance, or renovation of structures, substrates, or portions that contain asbestos;
4. Installation of products containing asbestos;
5. Asbestos spill/emergency cleanup; and
6. Transportation, disposal, storage, containment of and housekeeping activities involving asbestos or products containing asbestos, on the site or location where construction activities are performed.

* * * * *

ASBESTOS INFORMATION ORDER FORM

___ Fax to ADEQ **(602) 771-2299** for a copy of the State of Arizona's Asbestos Program Packet which includes: The Arizona "Asbestos Contact Directory"; Arizona NESHAP Notification Forms, Arizona NESHAP Program Map, Building Department Guidance Documents, OSHA Regulations, Asbestos Products Ban and Phase Out, and NESHAP Decision Tree.

Arizona Department of Environmental Quality (ADEQ)
Asbestos NESHAP Program
1110 W. Washington St., MC 3415A-3
Phoenix, AZ 85007
Telephone: (602) 771-2333 or (800) 234-5677 x771-2333

___ Fax to ADOSH **(602) 542-1614** for additional information on the asbestos standards for the construction industry, 29 CFR 1926-1101; or mail to:

Arizona Division of Occupational Safety and Health (ADOSH)
800 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 542-5795

COMPANY NAME: _____

ATTENTION: _____ TELEPHONE: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

E-MAIL ADDRESS: _____

FREQUENTLY ASKED QUESTIONS

Question: I hold a number of licenses. Do I need to list all of them in my advertisements and on my business cards, letterhead, etc.?

Answer: YES. You may also wish to specify residential or commercial if you hold more than one license. Example:

ROC012345 Commercial

ROC123456 Residential

Commercial and residential may be abbreviated to save space.

Question: Do I list my license classification number as part of my license number?

Answer: NO. However, if you do display the classification number, you should place it at the end of your license number after a blank space. When you list the classification number as part of the license number, your customers may be unable to verify your license status when using our automated systems.

Question: May I abbreviate my company name for advertising purposes?

Answer: NO. Nor should you use any name for your company other than exactly as it appears on your license. Acting in the capacity of a contractor in a name other than as set forth upon the license is grounds for suspension or revocation of the license.

Question: If I incorporate, will my license number remain the same?

Answer: NO. A change of business entity requires a new license application, which results in a new license number. You must also update any advertising and business documents (i.e. Yellow Pages, business cards, letterhead, etc.) in which your license name and number(s) appears.



MAIN OFFICE:

800 W. Washington, 6th Floor

Phoenix, AZ 85007-2940

(602) 542-1525

Or Toll Free outside Maricopa County

1 (888) 271-9286

Visit our Website at

<http://www.azroc.gov>

The Registrar of Contractors is an Equal
Employment Opportunity Reasonable
Accommodation Agency

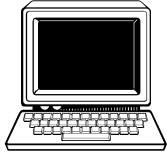
A Contractor's Guide...

Advertising and License Number Disclosure



OUR SERVICES CAN HELP PROMOTE YOUR BUSINESS

The Registrar of Contractors has a useful website:



www.azroc.gov

that provides information about contractor licenses including license classification, bonding status, complaint history and more.



Information is also available from a computerized telephone system and from customer service representatives in our Information Center. In Maricopa County dial (602) 542-1525, outside Maricopa County dial toll-free 1 (888) 271-9286.

License number disclosure in compliance with State laws will provide you an additional tool to use in promoting your business.

Advertising Requirements for Contractors

LICENSED CONTRACTORS



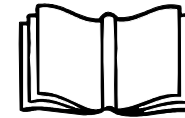
Arizona Revised Statute §32-1124(B) requires that all advertising by a licensed contractor include the contractor's

license number preceded by the acronym “**ROC**”, for example, ROC123456. A license number is always six digits and may contain leading zeros.

In addition to license number disclosure in advertising, license numbers are required to be posted in a conspicuous place on premises where any work is being performed, and shall be placed on all documents used by the licensee in the regular conduct of business. This includes, but is not limited to, written bids, letterhead, loan forms, and business cards.

A licensed contractor who fails to comply with the State of Arizona's advertising and license disclosure requirements is subject to discipline under the Registrar of Contractors statutes governing licensed contractors.

UNLICENSED CONTRACTORS



The exemption from licensure for contractors operating under the “handyman exemption,”

Arizona Revised Statute §32-1121(A)(14), subparagraph (c), requires that any advertising include the phrase “**not a licensed contractor**”.

Unlicensed contractors who fail to include “**not a licensed contractor**” in advertisements lose their exempt status from licensure and are subject to criminal prosecution or civil fines for unlicensed advertising and possibly unlicensed contracting. Additionally, pursuant to Arizona Revised Statute §32-1121(C), unlicensed contractors who do not have an exemption from licensure for failure to include the above language in their advertising are subject to investigation and prosecution for violations of the Arizona Consumer Fraud Act.